



SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

Town of Truro Farmers Market/Ag Fair/Temporary Food Service Permit

Applicant (check one) private individual, organization or business non-profit organization
[must attach copy of Form 501(3)(c)]

Name of Business/Organization: _____

Address: _____

Authorized Representative or Contact:

Name: _____ Email: _____

Address: _____

Telephone Days: () Evenings: () Fax _____

Requested Location/Facility _____

Requested Dates _____

Requested Times _____ **Rain Dates/Times (Must be completed)** _____

Before completing this application, read the temporary food service "Are You Ready?" Checklist. Have you read this material?
_____ YES _____ NO

FARMERS MARKET: FOODS TO BE SOLD/SERVED

Foods to be Sold/Served

- Packaged Baked Goods (breads, pies, cookies, cakes and confectionaries). Cream filled pastries, cheese cake or custard type pastries prohibited.
- Seed sprouts
- Jams or Jellies
- Shellfish: Lobster, Crab, Oysters, Clams
- Finfish
- Vinegar with or without herbs
- Dairy: Milk or milk products such as cheese.
- Meat or Poultry(processed in a federal/state licensed inspected facility)
- Other: _____

Food Sampling: Y or N If yes, attach sampling protocol.

Base of Operations

- Foods prepared/processed at a Truro licensed facility. Name of licensed facility: _____
- Foods prepared/processed outside Truro. Please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit and copy of your most recent inspection report.

I agree to any conditions specified by the Board of Health, Board of Health Farmer's Market Policy, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code.

PLEASE ATTACH COPY OF YOUR FOOD MANAGER CERTIFICATION AND ALLERGY AWARENESS TRAINING CERTIFICATE WITH THIS APPLICATION

APPLICANT'S SIGNATURE

DATE

Market Manager Approval

As the Market Manager for the Truro Farmer's Market, I have authorized the applicant to participate as a vendor. .

Market Manager Signature

Date

AGRICULTURAL FAIR/TEMPORARY FOOD SERVICE

Menu: Attach or list all items. Any changes must be submitted and approved by the Health Department prior to the event.

Organizations Conducting Food Preparation:

List Names of all staff with a Food Manager Certification: (non-profit organizations, school events, church suppers and fairs exempt).

- 1. _____ Exp. Date: ____/____/____
- 2. _____ Exp. Date: ____/____/____

List Names of all staff with an Allergen Awareness Certification: (non-profit organizations, school events, church suppers and fairs exempt).

- 1. _____ Exp. Date: ____/____/____
- 2. _____ Exp. Date: ____/____/____

Base of Operation: (licensed fixed food establishment): _____

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

Food Sampling: Y or N If yes, attach sampling protocol.

I agree to any conditions specified by the Board of Health, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations.

APPLICANT'S SIGNATURE

DATE

HEALTH DEPARTMENT APPROVAL

Board of Health Comments or Conditions:

Approved _____ Not Approved _____

BOH or Health Agent

Date